

hospital was the cause of it, for the patient may contract the disease elsewhere and come home and develop it. The cases which occur are due to workmen adding new wings or buildings to a crowded hospital without having been vaccinated.

During the addition to the hospital at Barnet workmen contracted the disease by working close to the windows of the acute wards. The contractors failed to compel the men to be vaccinated before coming on the grounds. A clause ought to be inserted in every contract to that effect.

It is very doubtful whether a building full of patients ought to be added to or altered; but additions to the hospital should be at least 100 ft. away from the wards. The same thing occurred at Darenth; men contracted the disease and carried it to the villages.

Persons employed at the hospital do not carry infection about with them. The late Dr. Muck was Physician to the Highgate Hospital for over forty years, and never carried infection to any one, though he visited private patients and crowded institutions after leaving the hospital, and did not even change his coat.—I am, etc.,

EDWARD CARNALL, M.R.C.S.,  
Small-pox and Vaccination Hospital, Barnet.

October 8th.

#### MR. BERNARD SHAW ON VACCINATION.

SIR,—I do not wish to be argumentative and troublesome; but your subscribers are not only more interested scientifically, but far more unsettled on this subject than you imagine; and, frankly, if you can make no better reply to my last letter to the *Times* than that in *BRITISH MEDICAL JOURNAL* of October 4th, the game is up politically, however resolute you may be to die in your belief in vaccination. Even if I believed as devotedly in vaccination as you do, I should say the same as a practical politician. Here is a report by a public vaccinator to a public body which is bigotedly vaccinator. The report states that the cost of revaccinating a body of workmen in a comparatively mild way worked out at 30s. a head average, including the value of the time lost through disablement, estimated at the weekly wage-working class standard only. It admits that some of the cases were so very serious that the cost had to be raised to 35s. by the addition of a bonus of 5s. a head all round to induce the men to take the risk. To this you make the extraordinarily impolitic reply that the Imperial Vaccination League proposes to shift the expense from the public purse to the private pocket of the individual by the simple expedient of forcing everybody to be revaccinated and leaving them to take the consequences. If you think that an attractive program, you little know your fellow-countrymen.

Your second line of defence is that the League proposes only obligatory revaccination of school children at a specified age. To which you add that "in presence of regular and systematic revaccination at school age, the need for any such revaccinations of workmen would practically disappear." On what authority do you make this bold assertion? The claim of vaccination to protect for more than ten years is as obsolete as the old Jennerian claim that infant vaccination protects for life. Revaccination at school age is only the thin end of the wedge; and every reader of your pages who has paid a month's attention to the subject knows it. But take the proposal as limited to a single revaccination at school age. Your assurance to parents is that though the child will be ill for several days, or perhaps in a few cases for a month or so, still that will not stop its father's wages, nor will the child suffer as its father would, because children at play are so much more careful of the wounds on their arms than grown up men at work. How convincing it sounds to a mother! And what about the doctor's bill in the bad cases? The thing is absurd; you cannot go to the electorate with a case like that.

Then as to the statement that general vaccinia is sometimes indistinguishable from syphilis, what is the use of ridiculing me for that? Why not ridicule the medical authorities who are responsible for it? But let us grant you that it is ridiculous; that the wharf authorities do not know their business, and that Mr. Jonathan Hutchinson misled the Royal Commission. The only effect is to revive the old dilemma from which you were rescued by the very statement you now deride. The Royal Commission was completely cornered by a case of apparent syphilis induced by vaccination. All

the usual attempts to show that the disease was inherited from the parents broke down. Mr. Jonathan Hutchinson showed the way out. He denied that it was a case of syphilis, and pointed out that general vaccinia, which, he contended, the child was really suffering from, resembled syphilis so closely that the case had been erroneously diagnosed as one of syphilis. Now I, as a layman, cannot pretend to decide whether you or Mr. Jonathan Hutchinson are in the wrong; but what I am sure of is that you cannot get out of a dilemma by impaling yourself on either horn alternately. By pooh-poohing the possibility of the alleged error you go over to the antivaccinist side and support their old indictment of the lancet (which still goes from arm to arm) as a vehicle of the most dreaded of all contagions. In the recent epidemic a patient revaccinated by one of my medical colleagues in St. Pancras had an eruption which was diagnosed as small-pox; but she was refused admission at the wharf on the ground that the case was one of general vaccinia. I give you your choice of the two possible views of this case. Either the patient had general vaccinia, in which case you must admit that general vaccinia can resemble small-pox so closely as to be mistaken for it by a doctor; or else she had small-pox, in which case recent revaccination does not protect against small-pox. You ask me how do I know "that the recent outbreak of so-called small-pox in London was not in reality an outbreak of syphilis"? I don't know. That is precisely the difficulty. The fact that the question is an open one is one of the most awkward facts that the vaccinists have to face.

I learn with great interest and without the smallest scepticism that as early as 1834 Mr. Marson reduced his vaccination statistics to political absurdity by dividing the cases into nine classes. And of course I stick to my point that the whole public propaganda of vaccinism as given by the Royal Commission is based on a division of patients into vaccinated and unvaccinated, and that nothing was more fiercely disputed than the contention of the antivaccinists that such classifications could not be depended on. But as you do not contend that the modern statistics which admit the existence of doubtful cases go back as far as thirty years there is nothing really in dispute. Compulsory legislation is older than that; in fact, it is now more than thirty years since vaccinism received its deathblow from the epidemic of 1871. It is worth saying here in passing that the doubtful column is not now intermediate between the two ascertained columns; all the earlier M.A.B. returns in the heyday of the late epidemic showed the doubtfuls as suffering more than either the vaccinated or unvaccinated, precisely as might have been expected. People who do not know whether they were vaccinated or not have not only high attack and death-rates, but low incomes, shabby clothes, unwashed shirts, and a number of other symptoms from which vaccinated people are relatively free.

As to your final and fundamental contention that I am a fool, I cannot offer an impartial opinion; but there is undoubtedly something to be said for it, and that is why I have been so careful not to advance anything in this controversy on my own authority. The matter had perhaps better be left to the judgment of your readers.—I am, etc.,

October 13th.

G. BERNARD SHAW.

#### THE GENERAL MEDICAL COUNCIL ELECTION.

SIR,—The letter of "An Old Practitioner" and of Dr. Glover are leading us astray on side issues. Surely the question is, Did or did not the Editor of the *BRITISH MEDICAL JOURNAL* go beyond what was fair in advocating the claims of one candidate unduly over those of the other? In my opinion he did. Presuming that Sir Victor Horsley and Mr. Smith are both members of the Association, would it not have been better to have refrained from so unduly pressing the claims of Sir Victor? My own vote was cast for Sir Victor and would be again.

Is not our Association departing somewhat from its original intention? When I joined the Association—now a good many years ago—I was told it was a scientific association. I observe that as years roll on we are becoming less scientific and more mundane. In my opinion this is not for the benefit of the Association.

I cannot help thinking that many of the questions now